STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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	OIL	
TRANSPORTER	GAS	
OPERATOR	•	
PRORATION OFFICE		

OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501 Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

PRORATION OFFICE	AU	THORIZ	ATION TO	TRANSI	PORT OIL AND NATURA	AL GAS				
l						PARIVE	<u> </u>			
Operator						W SPRE	, HB			
Tenneco Oil Company 🖷						In I				
Address					·	SEP 06 1985	İ			
P. O. Box 3249, Engle	wood, Co	0 801	155							
Reason(s) for filing (Check proper box)					Other (Please expl	OIL CON. DI	V .			
New Well Change	in Transporter	of:				OIL CO.				
Recompletion Oil			Dry G	as		Distre				
Change in Ownership Ca	singhead Gas		X Conde	ensate	Well Nar	ne				
If change of ownership give name and address of previous owner	El Paso	Natur	ral Gas,	P.O.	Box 4990, Farmin	ngton, NM 87499				
II. DESCRIPTION OF WELL AND	LEASE						l case No.			
Lease Name	W	ell No.	Pool Name, Inc	•	1	Kind of Lease USA State. Federal or Fee	Lease No.			
Schwerdtfeger A LS		8	So. Bla	inco-P	C Ext.	SF	079319			
Location		,-								
Unit Letter:	1452	_	Feet From The	N N	Line and	990 Feet From The	W			
		-								
Line of Section 31	Townsh	nip	28N		Range 8W	_{NMPM} San Juan	County			
III. DESIGNATION OF TRANSPO Name of Authorized Transporter of Oil or Conoco Inc. Surface To Name of Authorized Transporter of Casinghead El Paso Natural Gas	Condensate X. ransport	tatior		Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499						
	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When				
If well produces oil or liquids, give location of tanks.	E	31	28N	8W	Yes					
If this production is commingled with that from	any other lease	or pool, giv	e commingling o	order numbe	ır					
NOTE: Complete Parts IV and V										
VI. CERTIFICATE OF COMPLIAN	NCE				01	L CONSERVATION DIVISE	EP 0,6 1985			
I hereby certify that the rules and regulations	of the Oil Cons	ervation Di	ivision have bee	en complied	APPROVED	- ~	L1 919 1303			
with and that the information given is true ar	d complete to	the best of	t my knowleage	and belief.	BY Strank					
ρ						SUPERI	ISOR DISTRICT # 3			
fort M-K	/				TITLE					
XVV 11/2 Kg	my				This form is to be filed in c	ompliance with RULE 1104.				
(Signature)					If this is a request for allow	If this is a request for allowable for a newly drilled or deepened well, this form must be accom-				
Sr. Regulatory Analyst				panied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted walls.						
SEPTINE 1 1500				1.1	st be filled out completely for allowable of and VI for changes of owner, well name.					

or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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Tubing Pressaure (Shut-in) Choke Size Casing Pressure (Shut-in) Testing Method (pilot, back pr.) Gravity of Condensate Bbls: Condensate/MMCF Length of Test Actual Prod. Test - MCF/D GAS WELL G98 · WCF Water - Bbls. Oil - Bbis. Actual Prod. During Test Casing Pressure Choke Size Tubing Pressure Length of Test Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE TUBING, CASING, AND CEMENTING RECORD Depth Casing Shoe Perforations Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) .O.T.8.9 Total Depth Date Compl. Ready to Prod. Date Spudded Designate Type of Completion — (X) Same Res'v. bind gack Workover Gas Well Oil Well IV. COMPLETION DATA Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWARI F AND ALITHORIZATION

T		HEU					TURAL GA					
I,			TOTHE	MADEL	ON I OIL	ANU INA	I UNAL GA		API No.			
Amoco Production Company							3004507025					
Address 1670 Broadway, P	. о. в	ox 800), Denv	er, C	olorado	o 80201						
Reason(s) for Filing (Check proj	per box)					Uth	et (Please expli	ain)				
New Well			Change in	•	[]							
Recompletion		Oil		Dry Gas								
Change in Operator			ad Gas									
If change of operator give name and address of previous operator				P, 61	62 S. I	Willow,	Englewoo	d, Colo	rado 80	155		
II. DESCRIPTION OF	WELL A	IND LE		Pool No		ng Formation					ase No.	
Lease Name	C		1	1	<0.V	-	TEEC)	FEDE	DAT	SF079		
SCHWERDTFEGER A L Location	<u> </u>		Ρ	PLANC	7	rured cl	IFFS	TEDE	IVAL	J 5F V/2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Unit Letter E		:14	52	Feet Fro	m The FNI	L Line	e and 990	Fo	et From The	FWL	Line	
Section 31	Township	28N		Range8	W	, N	мрм,	SAN J	UAN		County	
III. DESIGNATION OF	TRANS	PORT	ER OF O	IL ANI) NATUI	RAL GAS						
Name of Authorized Transporter		177	or Conden	isale r	χ)	Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	M)	
CONOCO							X 1429,					
Name of Authorized Transporter	r of Casingl	head Gas		or Dry (Gas X	1	e address to wi				nt)	
EL PASO NATURAL G	AS COM			Im.		ls gas actuall	X 1492,			978		
If well produces oil or liquids, give location of tanks.	i	Unit	Soc.	Twp.	Rge.	is gas actually	у совпессец г	When	,			
f'	with that fr	oun any of	her lease or	pool. give	l	ing order num	ber:					
IV. COMPLETION DA												
			Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Con	wletion -	(X)	i	i		1	l	<u> </u>	l	I	_L	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	Pay	-	Tubing Dep	Tubing Depth			
Perforations					Depth Casing Shoe							
			TUDING	CASIN	C AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					CLINEIVIII	DEPTH SET		1	SACKS CEMENT		
!!!!!!												
						l			J			
V. TEST DATA AND R	EQUES	F FOR	ALLOW	ABLE								
OIL WELL (Test must Date First New Oil Run To Tan		covery of t	· · ·	of load o	il and must		exceed top allethod (Flow, p			for Juli 24 how	·3.)	
·									_,			
Length of Test		Tubing Pr	essure			Casing Pressure			Choke Size			
						100 and 100 and			Car. MCF			
Actual Prod. During Test		Oil - Bbls	ί.			Water - Bbls.			Gas- MCF			
				-		l						
GAS WELL [Actual Prod. Test - MCI/D]	7	Length of	T			Bbls. Conden	sale/MMCF		Gravity of C	'ondensate		
Actual Prod. Test - Microb		Licingui Oi	I Cat			Dois. Conce	THE THE TENT		Ciarily or v		•	
Lesting Method (pilot, back pr.)		Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
W open trop car	771516	CEE O	COM	N 1 4 4 7	CE	\r						
VI. OPERATOR CER		-			CE	(OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules Division have been complied												
is true and complete to the best of my knowledge and belief.				Date	Approve	d N	1AY 08	ldöd				
				Dale	Approve	_	1					
J. J. Hampton					By_		るール), <i>O</i> h	{			
Signature					-		SUPERVI	SIONDI	STRICT #	3		
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Title					Title					-		
Janaury 16, 1989				830-50		'""						
[)ate	-		Tele	ephone No) .	11						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111,
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C 104 must be filed for each pool in multiply completed wells.